



Alignment Health Plan®

NOV 2024

PROVIDER NEWSLETTER



TO LEARN MORE about how we can help your patients, please contact your local Alignment Health Plan Provider Relations Representative at **1-844-361-4712 (TTY: 711)**, or email us at ProviderRelations@ahcusa.com.



RECENT ALIGNMENT HEALTH AWARDS AND RATINGS

One of Newsweek’s World’s Most Trustworthy Companies in 2024

Alignment Health was recently recognized as one of Newsweek’s World’s Most Trustworthy Companies in 2024. Presented in collaboration with Statista, the award serves to highlight the companies that are most trusted, measured across three main public pillars of trust: customer trust, investor trust and employee trust.

Our inclusion in this list reflects the strong, trust-based relationships we’ve built with our members, investors, employees and partners like you, placing us among some of the world’s largest companies and underscores our commitment to being the most trusted brand in senior care.

Dawn Maroney, CEO of Alignment Health Plan, said: “Meeting our members where and when they need care makes a difference in both their quality of care and their quality of life. Regardless of where they live or their social backgrounds, all seniors deserve high-quality, affordable care, and we have stepped up to the plate by consistently offering a diverse portfolio of plans with enriched benefits and a dedicated concierge team that is available 24/7 to help them with their health needs.”

5-Star 2024 Rating for North Carolina (HMO-POS) and Nevada (HMO) Medicare Advantage Plans

The Centers for Medicare and Medicaid Services (CMS) recalculated the 2024 Star Rating of its H5296 Medicare Advantage (MA) HMO contract in North Carolina and Nevada, resulting in a 5-star out of a possible 5-star rating. This increases the contract’s overall star rating by 0.5 star, from 4.5 to 5 stars.

“We’re pleased that CMS has revised the rating of our HMO contract in North Carolina and Nevada to achieve the highest possible score, recognizing excellent performance in delivering high-quality care at a lower cost,” said John Kao, founder and CEO, Alignment Health. “Our commitment to high-quality care extends to all our plans as more than 90% of Alignment members are enrolled in plans rated 4 stars or higher, meaning most of our members consistently receive a high-quality care experience.”

Alignment Health Plan, which entered North Carolina in 2021, earned 5 stars the first year it was eligible to be rated. It was one of only two MA HMO plans in the state to achieve a 5-star rating in 2023. Additionally, our California PPO plans received a full point rating increase, from 3.5 to 4.5. Every year, CMS evaluates plans based on a 5-star rating, with 5 stars representing “excellent” performance.



THE TOP THREE SOCIAL BARRIERS TO U.S. SENIOR HEALTH

Alignment Health's 2024 report, "Social Threats to Aging Well in America,"¹ was recently released. This report is based on an online survey of over 2,000 U.S. seniors aged 65 and older. The findings highlight the main social and environmental health factors, known as social determinants, that are hindering U.S. seniors from leading healthier lives.

The top three most-cited social barriers to seniors' overall health are: **aging in place (69%)**, **lack of transportation and access to medical care (64%)**, and **economic insecurity (56%)**. Additionally, 1 in 4 seniors skip medical care, and 1 in 5 seniors do not have enough money to pay off medical debt in the next year.

Highlights and key findings from the survey include:

No. 1 Social Threat: Aging in Place

As more seniors opt to live independently and remain in their own homes longer, aging in place brings its own challenges: Nearly 7 out of 10 consider aging in place a top social barrier to their health and well-being.

Among respondents who experienced stress and anxiety in the past year, 22% identified aging in place as the primary factor causing the most stress or anxiety, while 45% ranked it among their top three stressors.

A majority of survey respondents (67%) said they would utilize benefits designed to support aging in place if their health plan offered them within the next 12 months. These benefits include services that make their homes safer, personal medical alerts, in-home health care visits and non-medical companion care.

No. 2 Social Threat: Lack of Transportation and Access to Care

The challenge to travel to and from doctor appointments and medical services poses a significant threat to health. Almost two-thirds of seniors cite lack of reliable transportation and access as a top barrier.

An even higher percentage of respondents, 71%, indicated they would use transportation benefits if their health plan offered these benefits the next year. Lack of transportation and access to care was the top reason for seniors to miss appointments for medical care, with 64% citing this issue.

Of those who never skipped medical care, 50% said they may in the future due to lack of transportation and access to care.



No. 3 Social Threat: Economic Insecurity

Many seniors are on fixed incomes and face rising costs for housing, healthcare, and everyday expenses. As a result, it's not surprising that over half of respondents (56%) identified economic insecurity as a top concern, with 15% citing it as their primary source of stress or anxiety over the next 12 months.

Additionally, more than 4 out of 10 (44%) seniors facing economic barriers said they were burdened by medical debt. Of those with medical debt, 59% owed an amount equivalent to one month or more of living expenses. The survey also found that 21% of seniors did not have or were unsure if they had enough money to pay their medical expenses in the next year.

1 The 2024 Social Threats to Aging Well in America report examined eight key social determinants of health: aging in place, lack of transportation and access, economic challenges, lack of support, mental health issues, loneliness, cultural barriers and food insecurity.

To read the full report, visit
www.alignmenthealthcare.com/survey2024.



“Leading with a serving heart is foundational to who we are as a company and how we treat our members and one another,”

*– John Kao, founder and CEO,
Alignment Healthcare*

ALIGNMENT HEALTHCARE’S 3RD ANNUAL ESG REPORT

Alignment Healthcare released its third annual [environmental, social and governance \(ESG\) report](#), highlighting the Medicare Advantage (MA) company’s strides to advance member care and access, reduce its environmental footprint and support the diverse needs of its members and its employees in 2023. Top achievements include better health outcomes for seniors, improved access to care and a reduced environmental footprint.

“Leading with a serving heart is foundational to who we are as a company and how we treat our members and one another,” said John Kao, founder and CEO, Alignment Healthcare. “Because of this core value, our members entrust us with their health and well-being as they age. We bring that same thoughtful attention to how we operate as a business and impact the community and world around us.”

From introducing caregiver benefits and bringing customer service in-house for members to implementing parental and bereavement leave policies for employees, this annual report highlights how Alignment continues to responsibly serve members, health care partners and employees.

To learn more about Alignment’s impact and its ongoing ESG efforts, visit [**alignmenthealth.com/ESG**](https://alignmenthealth.com/ESG).



COVID CASES ON THE RISE

With COVID cases rising across the country, it is important to remind patients to take the proper precautions to stay healthy, especially those who are high-risk. Alignment Health offers several forms of virtual or in-home care, including at-home appointments and virtual care available 24/7, so our patients can continue to receive care and stay safe.

To protect yourself and others, the CDC recommends the following:

- » Wear a mask and ensure you're social distancing from others as necessary.
- » Stay diligent with your hygiene; wash hands for at least 20 seconds as needed.
- » Stay home when sick to avoid infecting others.
- » When possible, avoid contact with anyone who tests positive for COVID.
- » Get tested for COVID when symptoms start appearing.*

*Symptoms may include but are not limited to chest discomfort, chills, cough, decrease in appetite, diarrhea, fatigue (tiredness), fever or feeling feverish, headache, muscle or body aches, new loss of taste or smell, runny or stuffy nose, sneezing, sore throat, vomiting, weakness and wheezing.

A PATIENT HEALTH CARE ACCESS REMINDER

Alignment Health encourages providers to remind patients—especially those who are high-risk—of the multiple ways they are able to access their health care. Many members benefit from in-home care, so it is critical to remind them that receiving their health care is available in many forms, including virtual care. Regardless of the time of day, there is someone available who can assist them or help with their questions and concerns.

Emergency Room

If there is an emergency, get help as quickly as possible. Call 911 or go to the nearest emergency room. You do NOT need to get a referral or approval from your Primary Care Provider (PCP) during an emergency.

In-Network Urgent Care

When you need in-person care for an unforeseen medical illness or injury, use an in-network urgent care facility. You can find facilities in your area by visiting providersearch.alignmenthealthplan.com.

Primary Care Provider

For non-emergency situations, reach out to your Primary Care Provider (PCP). They have full access to your medical history and records, and actively work to prevent, diagnose and treat common illnesses and injuries.

Virtual Care Center

For non-life-threatening, unforeseen medical illnesses, or conditions that require medical attention. Clinicians are available 24 hours a day, 7 days a week.

For Urgently Needed Care— Contact the Virtual Care Center

Need to speak to a clinician in the middle of the night, when you're away from home, or don't have a Primary Care Provider (PCP) and need care? All Alignment Health Plan members have access to our Virtual Care Center.

Our Virtual Care Center clinicians can diagnose and treat many non-emergency medical conditions like the common cold, allergies, rash, sinus infection and back pain. They can also help with referrals, refills, medical equipment, social support services and more!

1

Schedule – Request a visit with a clinician 24 hours a day, 7 days a week by calling the Virtual Care Center at **1-833-402-5803 (TTY: 711)**.

2

Consultation – Talk to a licensed clinician by video or by phone to get a diagnosis and treatment plan.

3

Feel better – If medically necessary, a prescription will be sent to the pharmacy of your choice.

In unusual circumstances where in-network providers are temporarily unavailable or inaccessible, urgently needed care from an out-of-network provider may be covered.

COMPLIANCE ALERT: SPECIAL NEEDS PLAN MODEL OF CARE PROVIDER TRAINING



SPECIAL NEEDS PLAN

Do you manage—or have the potential to manage—patients enrolled in a SNP (Special Needs Plan)?

If yes, the Centers for Medicare & Medicaid Services (CMS) requires you to complete **SNP MOC (Model of Care) training** upon contracting and **annually** thereafter. This is also part of your contractual agreement with Alignment Health.

The Quality Management Department has sent out email notifications at the end of Q1 through Q3 2024 to all applicable in-network and out-of-network providers to **complete the training within 60 days of receiving the notification.**

The SNP MOC training can also be accessed, at any time, on Alignment Health Plan's website at <https://www.alignmenthealthplan.com/providers/special-needs-plan-training>.



Verification of completion of training is conducted by submitting an Attestation Form.

If you have a direct contract with Alignment, please submit an individual attestation. If you are part of a medical group/IPA, a group representative will need to access the online training on the Alignment Health Plan website and submit one attestation form along with a provider roster (listing all providers) on behalf of the group. The attestation form and provider roster must be submitted to be considered complete.

If the training has not been completed by the end of the 3rd quarter, you will be considered non-compliant. In an effort to have 100% compliance, providers and groups who have not completed the training by Q4 2024 will be escalated to the Network Management Department, Market Presidents and Executive Leadership.

COMPLIANCE ALERT: AMBULATORY MEDICAL RECORD REVIEW AUDIT



WHAT IS THE IMPORTANCE OF THE MEDICAL RECORD REVIEW?

Providers are required to meet compliance with The Centers for Medicare & Medicaid Services (CMS) and/or regulatory requirements with medical record professional standards. Accurate documentation is essential for quality patient care.

Annually, the Quality Management team performs a clinical quality review of Direct Network Primary Care Provider's medical records to ensure compliance. During the month of September 2024, selected California Providers received requests to submit records back to the Quality Management team by mid-October 2024. From charts selected for the 2024 audit, the following elements will be reviewed:

- » Each page of the medical record contains the patient's name or ID number.
- » Personal biographical data includes the address, phone numbers, marital status, preferred name.
- » Document date of birth and gender.
- » The record is legible to someone other than the writer.
- » All entries are signed by the author and dated.
- » Significant illnesses and medical conditions are indicated on the problem list.
- » Medication allergies and adverse reactions are prominently noted in the record. If there are no known allergies or history of adverse reactions, this is appropriately noted in the record.
- » Past medical history is easily identified and includes serious accidents, operations and illnesses.
- » Record contains a current medication list, or medications are listed in progress notes.
- » History and physical exam identify appropriate subjective and objective findings are documented, including appropriate vital signs-height, weight, blood pressure and temperature.
- » Problems from previous visits addressed.
- » Appropriate notation concerning the use of cigarettes, use of alcohol and use of drugs.
- » Inquiry/referrals regarding domestic violence documented.
- » Working diagnoses are consistent with findings.
- » Treatment plans are consistent with diagnoses.
- » Lab and/or diagnostic studies ordered as appropriate.
- » If a consultation was requested, there is a note from the consultant in the record.
- » Consultation and abnormal laboratory and imaging study results have an explicit notation in the record of follow up plans.
- » Consultation, laboratory, and imaging reports filed in the chart are initialed by the practitioner who ordered them, to signify review.
- » Life planning (AD, POLST, MOLST) status noted, education given if not present (at 18 years and greater).
- » Documentation that preventive screening and services are offered in accordance with practice guidelines.
- » There is evidence patient was provided information regarding the risks, benefits, consequences, harm of a potential medical treatment. (e.g., informed consent form, decision aids, educational materials).
- » Telephone or online messages are documented in the record, appropriately dated/signed/initialed.

COMPLIANCE ALERT: APPOINTMENT AVAILABILITY AND AFTER HOURS ACCESS TO CARE



WHAT IS THE PURPOSE OF THE ACCESS STUDIES?

The Centers for Medicare & Medicaid Services (CMS), NCQA, the Department of Managed Care (DMHC) and other State regulators require health plans and contracted Providers to meet regulations that address the following timely access to care elements for primary care providers (PCP), specialty providers (SPC) and behavioral health providers (BH):

- » **Routine Appointment Availability**
 - PCP – within 10 business days of request
 - SPC – within 15 business days of request
 - BH – within 10 business days of request
- » **Urgent Appointment Availability**
 - PCP/SPC/BH – within 48 hours of request
- » **Mental Health/Substance Use Disorder Follow-Up**
 - BH – within 10 business days of request

» **After Hours Access to Care Direction**

- Offering Members access to covered services 24/7

The 2024 Access and Appointment Availability Studies and After Hour calls campaign will be conducted by a third-party, Press Ganey, on behalf of Alignment Health during Q4 2024.

The 2023 Access to Care after hour calls results identified the following non-compliant categories that will continue to be monitored and tracked in future studies:

- » No emergency instructions on recorded/automated message
- » Answering service indicates patient is unable to speak with a provider within 1 hour
- » Recorded message does not provide a way to reach a live party

In Q3, the Quality Management team distributed educational materials via email to the Provider network on the 2024 Timeliness Standards to review and share with office staff, requesting an attestation of completion to ensure compliance with regulatory standards.

Contact information for the QM Department:

If you have any questions, please contact the Alignment Quality Management Department via email at qi@ahcusa.com.



CAHPS

1. What is the CAHPS survey?

CAHPS stands for the Consumer Assessment of Healthcare Providers and Systems, and it is an annual survey that asks patients about their experiences with their providers and health plan. The CAHPS survey focuses on the patient's perception and satisfaction with the quality of care and services they received in the last 6 months.

2. Why is the CAHPS survey important to me?

On the CAHPS survey, patients rate their personal doctor (Primary Care Physician) from 0 to 10 and are asked how often their personal doctor explained things clearly, listened carefully, showed respect, and spent enough time with them during visits. Providers should strive for a “perfect 10” health care experience with every patient visit. Providing a “perfect 10” health care experience means that providers always address every question or concern a patient has to help them get the care they need as soon as they need it.

SAMPLE QUESTIONS FROM THE CAHPS SURVEY

Annual Flu Vaccine

- Have you had a flu shot since July 1, 2023?

Getting Needed Care

- In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

Getting Appointments And Care Quickly

- In the last 6 months, when you needed care right away, how often did you get care as soon as you needed it?

Care Coordination

- In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?
- In the last 6 months, when your personal doctor ordered a blood test, x-ray, or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
- In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?
- In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?
- In the last 6 months, how often did your personal doctor seem informed and up to date about the care you got from specialists?

Rating of Personal Doctor

- Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

Doctors Who Communicate Well

- In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- In the last 6 months, how often did your personal doctor listen carefully to you?
- In the last 6 months, how often did your personal doctor show respect for what you had to say?
- In the last 6 months, how often did your personal doctor spend enough time with you?



WHAT IS THE HEALTH OUTCOMES SURVEY?

The Health Outcomes Survey (HOS) is an annual survey sent to patients asking questions about their physical and mental health. This longitudinal survey collects patient-reported health information and measures any changes over time by sending the same survey two years later.

What can i do to support the Health Outcomes Survey?

During visits with patients, propose a discussion around each of these three key health topics covered by HOS: (1) reducing the risk of falling, (2) improving bladder control, and (3) monitoring physical activity.

For Reducing the Risk of Falling:

1

Inquire with patients whether they have experienced a fall in the past 12 months and if they have problems with balance or walking

2

Inform patients about actions they can take to help prevent falls or treat problems with balance or walking such as using a cane or walker, engaging in exercise or a physical therapy program, taking a vision or hearing test, etc.

For Improving Bladder Control:

1

Inquire with patients whether they experience leakage of urine or urinary incontinence

2

Inform patients of ways to control or manage the leaking of urine such as bladder training exercises, medication, or surgery

For Monitoring Physical Activity:

1

Inquire with patients about their level of exercise or physical activity

2

Advise patients whether they should start, increase, or maintain their level of exercise or physical activity by suggesting things such as taking the stairs, increasing walking time from 10 to 20 minutes every day, or maintaining their current exercise program

HERE ARE SOME EXAMPLES OF QUESTIONS FROM THE HEALTH OUTCOMES SURVEY

Improving or Maintaining Mental Health:

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

1. Accomplished less than you would like **as a result of any emotional problems**

- No, none of the time
- Yes, a little of the time
- Yes, some of the time
- Yes, most of the time
- Yes, all of the time

2. Didn't do work or other activities as carefully as usual **as a result of any emotional problems**

- No, none of the time
- Yes, a little of the time
- Yes, some of the time
- Yes, most of the time
- Yes, all of the time

3. During the past 4 weeks, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

Improving or Maintaining Physical Health:

The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

1. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

2. Climbing several flights of stairs

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all



CALPLUS HEROES TRANSITION

Thank you for your partnership with Alignment Healthcare in advancing our mission to put the senior first in every member interaction, every plan—and every benefit. We're excited to share some important news about an upcoming 2025 plan change that will greatly enhance the care experience for our dual-eligible members.

As you may know, CMS is not renewing “**look-a-like**” D-SNP plans for next year. Instead, CMS has asked all health plans to transition current “look-a-like” members into an MA-PD plan that has a projected enrollment of less than 70% dual-eligible individuals.

For this reason, we are transitioning **Alignment Health CalPlus Heroes** members into one of the two CMS-approved plans for 2025:

- » **Alignment Health My Choice CalPlus (HMO) 007**
- » **Alignment Health Heart & Diabetes Plus (HMO C-SNP) 039**

We are notifying members about this action, but they may receive solicitations or call you with questions. **Please assure them that there is nothing for them to do** and that it is not necessary to enroll in a D-SNP to retain their Medi-Cal benefits.

The transition process is happening internally between Alignment and CMS later this fall. It's completely automatic. **No action is required** by you or members to continue receiving Alignment benefits.

And best of all, members are **keeping the same generous benefits** they've come to rely on, plus some exciting new ones:

- » The same doctors and specialists they already know and trust.
- » The same pharmacy access.
- » Exceptional **personal service** from our On-Demand Concierge Program.

Alignment **welcomes this change** as an opportunity to reaffirm our commitment to meeting the needs of the dual-eligible population and promoting health equity. We are experienced in identifying and serving members with low income and chronic conditions. **Alignment is recognized for award-winning plans** that provide exceptional care and member experience, and our Net Promoter Score is more than double the Medicare Advantage plan average.

As you guide your clients toward making the best plan choices during open enrollment, you may trust in our commitment to meeting their special needs.

We've created a small illustration to show you how the CalPlus Heroes transition will **seamlessly** happen.

ALIGNMENT HEALTH CALPLUS HEROES

(HMO)/H3815-036

**Full Duals with Chronic Heart Failure,
Cardiovascular Disorder,
or Diabetes Mellitus.**

Alameda, Fresno, Los Angeles, Madera, Marin,
Orange, Placer, Riverside, Sacramento,
San Bernardino, San Diego, San Francisco,
San Joaquin, San Luis Obispo, Santa Clara,
Stanislaus, Ventura, Yolo

**Non-Duals, Partial Duals,
and all other Full Duals
(without specified chronic conditions)**

Alameda, Fresno, Los Angeles, Madera, Marin,
Orange, Placer, Riverside, Sacramento,
San Bernardino, San Diego, San Francisco,
San Joaquin, San Luis Obispo, Santa Clara,
Stanislaus, Ventura, Yolo

**ALIGNMENT HEALTH
HEART & DIABETES
PLUS**

(HMO C-SNP)/H3815-039

**ALIGNMENT HEALTH
MY CHOICE CALPLUS**

(HMO)/H3815-007

Members will be **automatically transferred** through a crosswalk process to their new plan.
Agent of Record will stay the same.

Members will retain the **same or similar level of benefits** seamlessly through the transition process.



PROVIDER DIRECTORY VALIDATION

Provider directories are an important tool Medicare Advantage enrollees use to select and contact their physicians and other contracted providers who deliver medical care. MA plans must maintain accurate online provider directories that include only active, contracted providers with specific notations for providers who are not accepting new patients. Alignment requires its Participating Providers to maintain accurate provider roster information and to promptly notify Alignment of any changes to the provider roster including, but not limited to, the addition of new providers, the termination of any providers, and any changes to provider demographic information such as name, address, phone number and panel status (accepting new patients). In addition, Alignment will perform quarterly roster data validations. Participating Providers will have thirty (30) calendar days to respond to Alignment's directory validation requests, or such other time frame as requested by Alignment.



Alignment Health Plan®

QUESTIONS?

Contact Alignment Health Plan Provider Relations at ProviderRelations@ahcusa.com or **1-844-361-4712**.

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